Peer Review of Medical Records

2025 Aggregate Report

CVO
College of Veterinarians of Ontario

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Executive Summary

The 2025 Peer Review of Medical Records (PRMR) Aggregate Report presents findings from the first three years of the revised PRMR program, which supports veterinarians in meeting medical record-keeping standards that protect public safety and ensure quality care.

By assessing records through trained Peer Reviewers, the program identifies strengths and gaps, promoting consistent, accurate documentation critical for safe veterinary practice.

This report's review of 259 facilities shows encouraging progress: 75% of facilities achieved successful scores in years two and three, up from year one, reflecting a greater awareness and compliance with required record-keeping standards.

75%
of facilities
achieved successful scores in years two and three, up from year one

Key Findings

- **Record Type & Facility Size:** Electronic record systems scored higher than paper-only records. Multi-veterinarian facilities consistently achieved higher assessment scores than single-veterinarian facilities, making them more likely to receive a successful rating.
- **Species Type Trends:** Companion animal facilities comprised 86% of assessments. Equine and food-producing animal facilities had lower assessment scores and were more often rated "partially successful" or "not successful" compared to companion animal facilities.
- **Section Scoring:** Strong performance in date documentation, general requirements (e.g. organization, patient/client ID on each page, each entry identified by a signature or initials. etc.), and client contact information was noted. Persistent challenges in documentation for all species types include:
    - Informed client consent
    - Assessment – diagnosis
    - History – subjective data
    - Patient identification

- Annual Risk Issue: Informed client consent was the strategic focus in year three. Surgical consent documentation was generally strong, but non-surgical consent and cost discussions were often missing. This will remain a priority and risk issue for year four.
- Reassessments: All facilities rated "not successful" improved; 74% of "partially successful" facilities achieved a successful score upon reassessment. Ongoing challenges include informed client consent, history, and assessment components.

Main Takeaway

The PRMR program is driving meaningful improvements in veterinary medical record-keeping across Ontario.

Conclusion

Continued reassessments, educational resources and supports, and feedback ensure the program remains responsive and impactful. The report highlights actionable strategies for enhancing documentation, and facilities are encouraged to utilize available tools from the College (such as sample documents) and peer feedback to strengthen their medical record-keeping and ultimately improve patient care.

Introduction

To mitigate risks to the public, the Peer Review of Medical Records (PRMR) program supports veterinarians in meeting the standards for medical record-keeping. Through the PRMR, trained Peer Reviewers assess medical records of randomly selected veterinary facilities and those who volunteer.

Participants in the PRMR gain insights into their record-keeping practices. The PRMR identifies areas for improvement and confirms effective record keeping.

This aggregate report shares data from the first three years of the PRMR process and highlights opportunities for veterinarians to enhance their record-keeping.

PRMR Program Audit Results

PRMR Outcomes

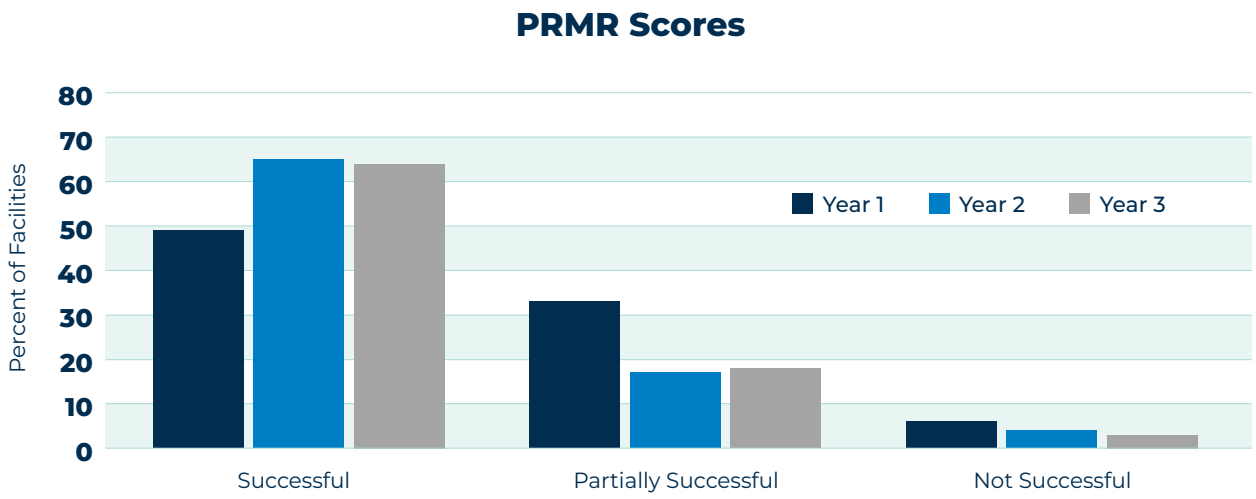
In the first three years of the PRMR, 252 facilities were randomly selected, and seven facilities volunteered for a total of 259 reviews.

252
facilities were randomly selected

7
facilities volunteered

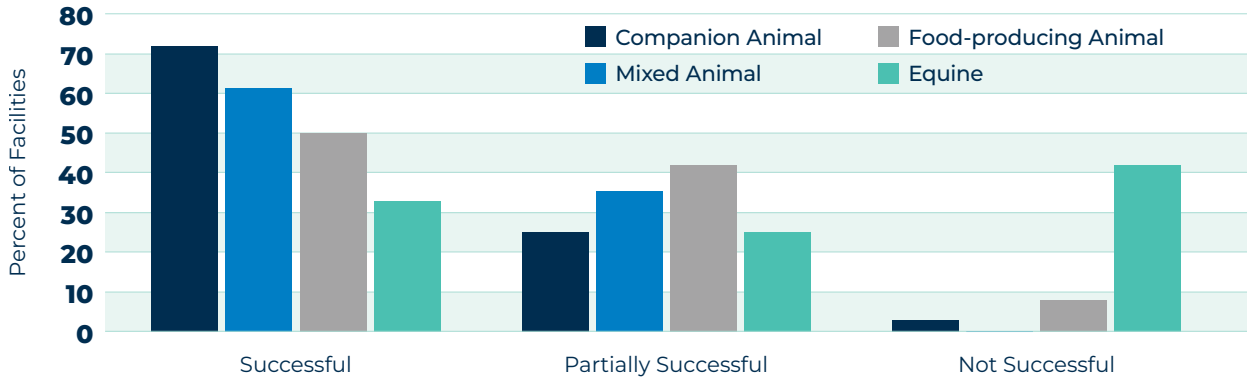
259
total number of reviews conducted

The chart below compares the distribution of scores for facilities receiving a successful score, partially successful score, and not successful score for the first three years of the program.



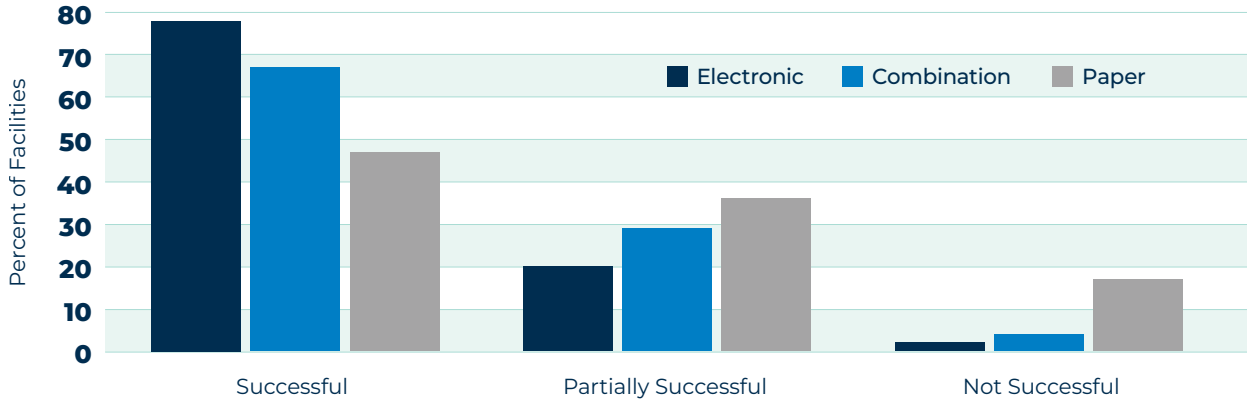
The chart below breaks down the percentage of facilities scoring successful, partially successful, and not successful by each species type for the first 3 years of the program. When separated by species type, there were 222 (86%) companion animal, 13 (5%) mixed animal, 12 (5%) food-producing animal facilities and 12 (5%) equine.

Scores by Species Type



Facilities with electronic records or combination of paper/electronic records had a higher rate of successful reviews than those with paper only records. The chart below shows the percentage of facilities scoring successful, partially successful, and not successful with each record type.

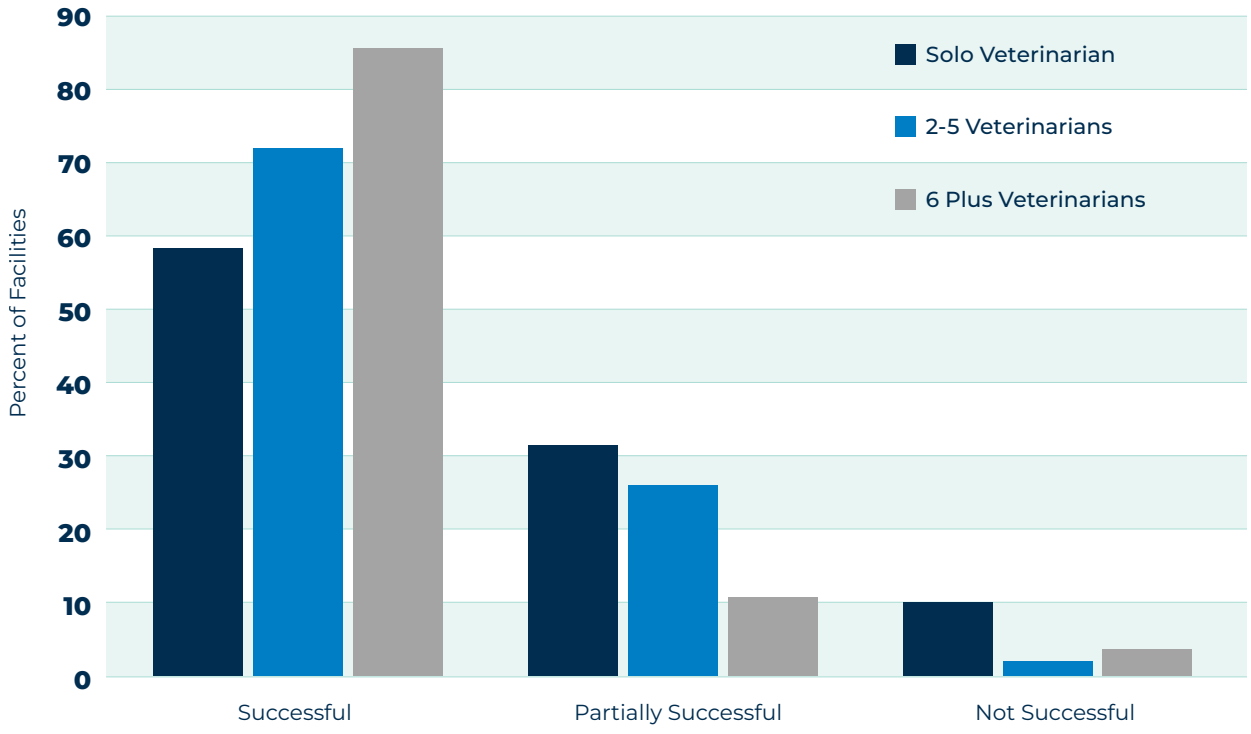
Scores by Record Type



Facility Size: 142 (55%) facilities have between 2-5 veterinarians, 89 (34%) have a solo-practitioner, and 28 (11%) facilities have 6 or more veterinarians. Multi-veterinarian facilities tended to receive a successful score more often than facilities with solo practitioners, with 79% and 58% respectively. The higher the number of veterinarians at a facility, the higher the overall score of the assessment.

The chart below compares the percentage of each facility size that received successful, partially successful, and not successful scores over the first three years of the program.

Scores by Facility Size



Section Scoring: Section scores refer to the record-keeping areas that are assessed in PRMR. The charts below highlight the highest and lowest scoring sections, based on cumulative data collected over the first three years of the program. The four highest scoring sections demonstrate where the majority of facilities meet record-keeping standards. The four lowest scoring sections indicate the most common areas of record-keeping that did not meet the standard. This data can be helpful to veterinarians in determining where to focus their learning for medical record improvement.

The highest/lowest section scores have been separated by species type as there are differences for record-keeping requirements. There are separate assessment forms for companion animal facilities and equine and food-producing animal facilities.

Highest Section Scores

Companion Animal
Four Highest Section Scores:

1. Date
2. Patient Identification
3. General Requirements
4. Medical Treatment

Equine & Food-Producing
Four Highest Section Scores:

1. Date
2. Reports, Invoices
3. Client and Emergency Contact Information
4. General Requirements

Lowest Section Scores

Companion Animal
Four Lowest Section Scores:

1. Assessment – Diagnosis
2. Informed Client Consent
3. History – Subjective Data
4. Patient Identification

Equine & Food-Producing
Four Lowest Section Scores:

1. Patient Identification
2. Assessment – Diagnosis
3. History – Subjective Data
4. Informed Client Consent

Analysis

"Patient Identification" When breaking down the highest and lowest scoring sections by species type, "Patient Identification" is in both the highest and the lowest scoring for companion animal, and in the lowest for equine and food-producing animal. This section has a high cut-off score, with facilities receiving less than 98% considered not successful. The items that contribute to lower scores for companion animal facilities are missing colour and markings. The items that contribute to lower scores for equine and food-producing animal facilities are missing documentation of species and breed.

"Informed Client Consent" is in the lowest scoring section for companion animal and equine and food-producing animal facilities. The items that contribute to lower scores in companion animal facilities are "Documentation of consent (written or verbal) for non-surgical procedures" and "Indication that client was advised of costs of recommended services (on consent form, in progress notes, or itemized estimate)". The items that contribute to lower scores for equine and food-producing animal facilities are "Documentation of consent (written or verbal)" and "Indication that client was advised of costs of recommended services (on consent form, in progress notes, or itemized estimate)".

"Assessment – Diagnosis" is in the lowest scoring section in companion animal and equine and food-producing animal facilities. The items that contribute to lower scores for both companion animal and equine and food-producing animal facilities are missing documentation of a problem list, differential diagnoses, and tentative or final diagnosis.

"History – Subjective Data" is in the lowest scoring section in companion animal and equine and food-producing animal facilities. The items that contribute to lower scores overall are missing history of recent health status (in progress notes, template, or protocol), and missing vaccine record (in progress notes, cumulative patient profile, or summary view).

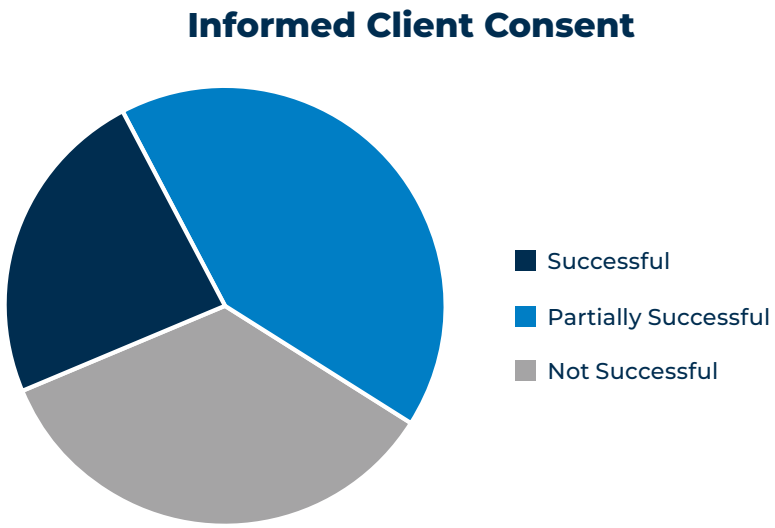
The small dataset for equine and food-producing animal assessments limits the ability to make conclusions. However, this information does identify trends in record-keeping and serves as a learning tool for facilities to improve their record-keeping.

Annual Risk Issue

As part of the Annual Cycle for PRMR, a strategic risk issue is identified to be included in PRMR Assessments for one year. In the aggregate report, data on the risk issue is shared with the profession. Informed client consent was identified as the third annual risk issue to be assessed through PRMR.

Informed Client Consent: Eighty-four (84) facilities that were randomly selected or volunteered for a PRMR in the third year of the program have been evaluated for documentation of informed client consent.

The pie-chart below shows the distribution of scores for facilities receiving a successful score, partially successful score, and not successful score for Informed Client Consent.



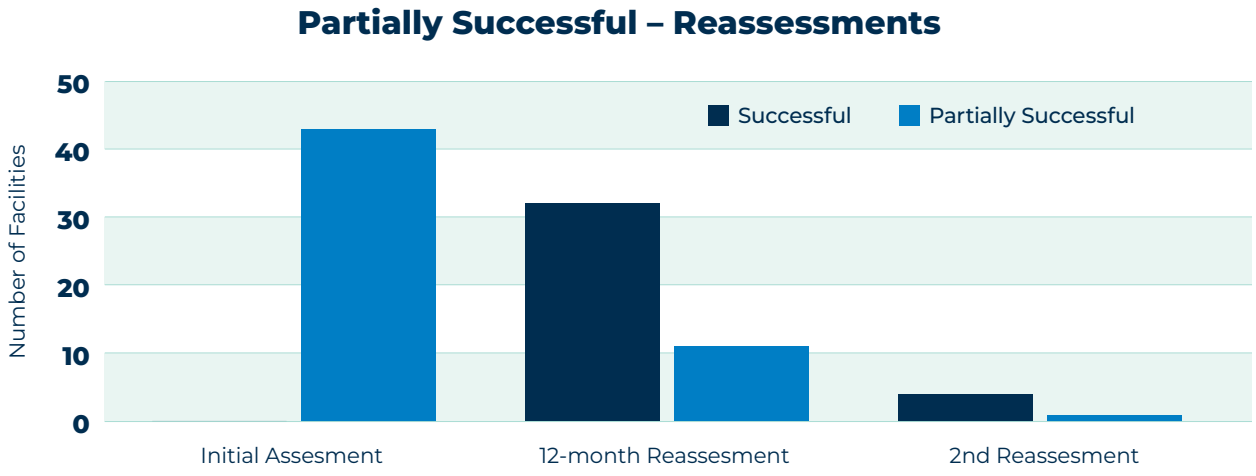
Documentation of written consent for surgery and documentation of the refusal of treatment tend to score well for companion animal facilities. Documentation of consent (written or verbal) for non-surgical procedures and documentation that the client was advised of costs tended to be missing from medical records.

Equine and food-producing animal facilities tend to score higher than companion animal facilities for informed client consent. Documentation of consent (written or verbal) and documentation that the client was advised of costs are sometimes missing from the medical records.

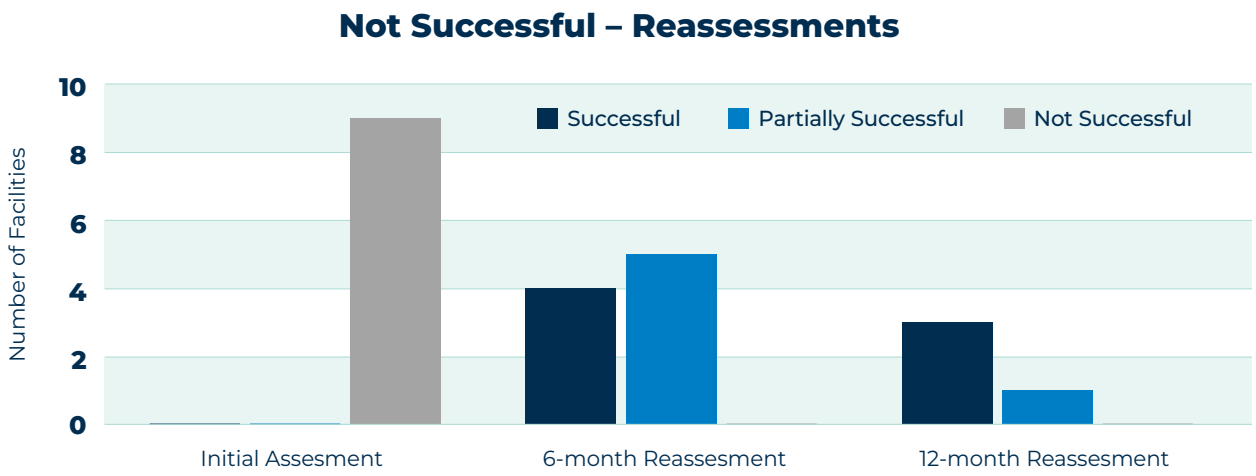
Reassessment

Fifty-two (52) facilities have undergone a reassessment, with 43 of those being from an initial assessment of partially successful, and nine (9) being from an initial assessment of not successful.

Of the 43 facilities that received a partially successful score on their initial assessment, 32 received a successful score on their first reassessment. The remaining 11 facilities received another partially successful score with eight improving their score, and three lowering their score but remaining partially successful. Facilities receiving a partially successful score will complete a subsequent reassessment in 12 months. Five of these second reassessments have been completed with four facilities receiving a successful score. One facility improved their score but remained partially successful.



Of the nine facilities that received a not successful score on their initial assessment, all improved their score on their first reassessment. Three received a successful score on their second reassessment to complete the PRMR process. One facility improved their score to a partially successful on their first reassessment, however they remained partially successful on their second reassessment.



Reassessment Section Scores

Four Highest Section Scores:

1. Date
2. Patient Identification
3. Client and Emergency Contact Information
4. General Requirements

Four Lowest Section Scores:

1. Informed Client Consent
2. History Subjective Data
3. Assessment – Diagnosis
4. Assessment – Objective Data

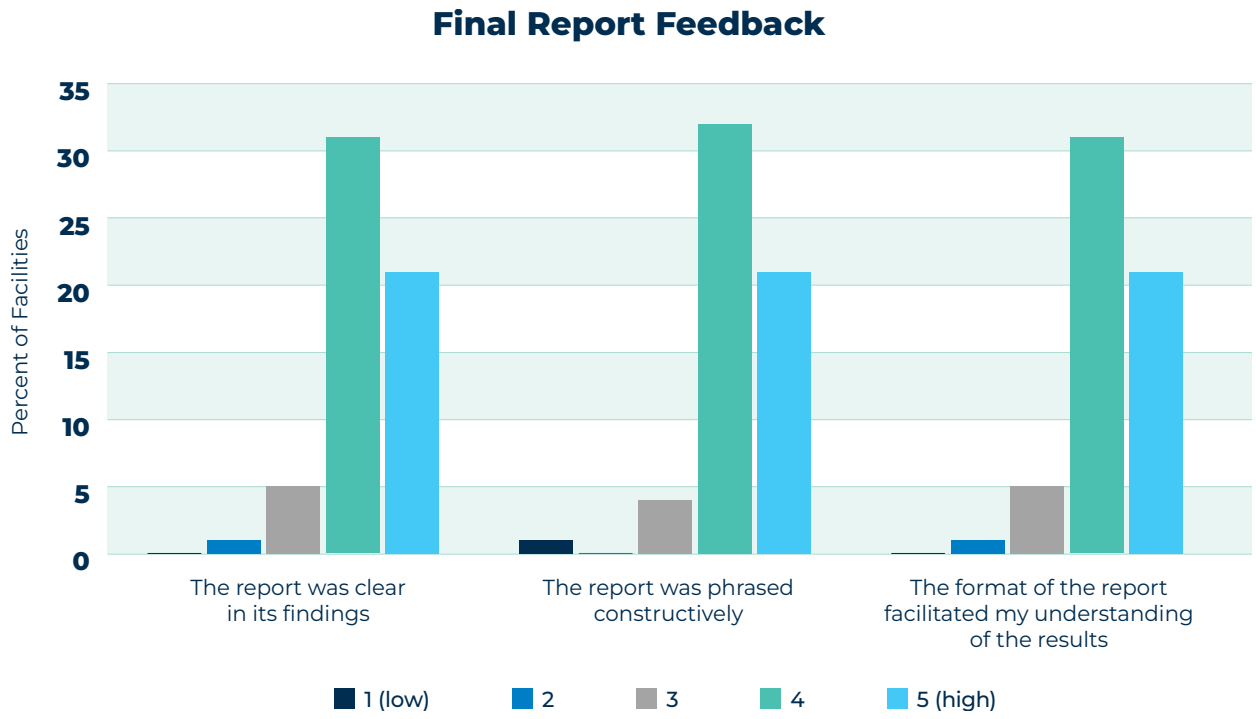
The highest scoring sections in reassessments were similar to the initial assessments, with the exception of "Client and Emergency Contact Information" being in the highest scoring sections for reassessment.

The lowest scoring sections in reassessments were similar to the initial assessments, with the exception of "Assessment – Objective Data" being in the lowest scoring sections for reassessment. This indicates that "History – Subjective Data", "Informed Client Consent", and "Assessment – Diagnosis" continue to be problematic. The items that scored poorly were the same as those that scored poorly in initial assessments.

Program Feedback

When facilities receive their report, they are invited to complete a survey. The response rate was 20% with 61 facilities completing the survey.

The chart below shows survey feedback. The overall positive feedback suggests acceptance of the PRMR assessment tool.



Opportunities

Lowest Scoring Sections of Record-Keeping

The lowest scoring sections in record-keeping present a learning opportunity for all veterinary facilities. Highlighted below are areas that commonly score poorly, and tips to improve in these areas.

Informed Client Consent: Obtaining informed client consent is required every time a veterinarian offers veterinary services. While signed consent for surgical procedures scores well in this section, documentation of consent for treatment that does not require signed consent is commonly missing. Also commonly missing is documentation of the cost discussion with the client. Facilities may consider using a template to format record entries to include a section for client communications and consent. Consent form templates can also be used that are filled out during consent conversations and retained in the record.

Assessment: Diagnosis: An assessment of the animal or group of animals includes a problem list, differential diagnoses, a tentative, or final diagnosis, and interpretation of any test results. Using a structured format such as SOAP or DAP can assist with ensuring the assessment ("A") is included in the record entry for each visit. Where an animal is assessed to have no health problems, for example during a preventive healthcare examination, the assessment should still be documented to reflect this.

History: Subjective Data: A complete history must be recorded at each visit, including the presenting complaint and overall health history. The PRMR data showed the overall health history is often not well-documented and missing relevant information such as recent health status (in progress notes, template, or protocol) and a vaccine record (in progress notes, cumulative patient profile, or summary view). Facilities that consistently record complete health histories also tend to use a history template. Find species-specific record of examination templates including history templates at cvo.org/sample.

Patient Identification: This was among the lowest scoring for all species types. Breed and species were commonly missing for equine and food producing animal facilities, and in companion animal facilities, colour and markings are commonly missing. Patient identification is important to document to prevent misidentification, which could lead to gaps in care. Find sample documents for species-specific client registration and identification templates at cvo.org/sample.

Peer Reviewer Tips

While some sections do not score in the lowest four, there are specific items that show a trend of scoring poorly. Peer Reviewers have valuable insight into these areas, and provided tips to improve record-keeping:

Emergency Contact Information: While this section is not among the lowest scoring, a common issue is missing details for an emergency contact other than the client (including name, phone number and address) when the patient is left at a veterinary facility without the client present. Also commonly missing is the authority for financial and care decisions in the client's absence. A sample client/patient identification form template is available on the College website at cvo.org/sample.

Fluid Therapy and Drug Documentation: While "Medical Treatment" tends to score well, there are items that tend to be missing from the fluid therapy and drug documentation. Fluid therapy needs to include the following for complete documentation: type of fluids, rate, route, and total volume received. Find a sample 24-hour treatment monitoring form with fluid therapy details at cvo.org/sample. When medications are administered or dispensed, the following details should be recorded: the name, strength (mg/ml, mg), dose, quantity, route, and directions for use (prescriptions).

Master Problem List and Legibility: Although the "General Requirements" section is among the highest scoring sections for companion animal, there are items that show a trend of scoring poorly. A master problem list or cumulative patient profile is commonly missing. This is a useful tool, and a sample can be found at cvo.org/sample. Among hand-written records, legibility is also a concern. Legibility ensures continuity of care for patients. Facilities with hand-written records may consider the use of pre-printed stickers or templates, and/or inserting printed copies of Rx labels to ensure all drug information is legible.

Physical Examination Findings: While "Assessment – Objective Data" is not among the lowest scoring sections, documentation of physical examination findings are commonly missing in this section. Documentation of physical examination findings should include all body systems. If a body system is not examined this should be clearly documented in the record. The use of a template or sticker for all examinations would be an efficient way to help ensure this information is present in all patient records. The records should indicate which body systems were/weren't examined and a description of any abnormal findings should be noted. Samples of species-specific record of examination templates can be found at cvo.org/sample.

Additional Learning Opportunities

The trend of multi-veterinarian facilities tending to score higher than solo-veterinarian facilities has continued into the third year of the program. This may demonstrate the value of having peers provide input on medical record-keeping. Solo-veterinarian facilities may want to consider input from a colleague on their records, including participating in PRMR. Another opportunity to talk to a peer and review cases and records is through the College's Peer Advisory Conversation.

The annual risk issue selected for the third year of the program was informed client consent. This continues to be a low scoring section in PRMR and will continue to be an annual risk issue in year four of the program.

Facilities are encouraged to review the resources the College has to assist with having complete medical records and a successful PRMR assessment. Please visit the following link to these resources: cvo.org/medicalrecordkeeping

Participating in the College's learning modules on medical records, using the self-assessment tools and reading College publications can be logged as continuing professional development.

Summary

In the third year of the new PRMR process, PRMR participants did well with 75% of facilities receiving a successful score and only 3.5% receiving a not successful score. There was an increase in the number of successful scores from the first to the second year of the program, and this has stayed steady in the third year.

This may be partly due to staff reviewing submitted records packages before they are sent to a Peer Reviewer to ensure all missing components are requested, with a second chance for facilities to submit missing components that are identified by the Peer Reviewer during the review process. This leads to a more fulsome review. Facilities who initially submitted a complete records package with all components benefited from a reduced process time and a thorough and complete review by the Peer Reviewer. Learnings from the first and second aggregate report may also have been implemented to ensure records meet the standards.

The goal of the PRMR program is to improve the quality of medical records among veterinary facilities in Ontario. Improved medical records support quality care and benefit both veterinarians and the public. Outcomes of the PRMR process include:

- Facilities receiving a successful score are exempted from random selection for PRMR for a 5-year period.
- A facility receiving a not successful score is advised to take corrective actions to improve record-keeping and must undergo re-evaluation of their medical records in 6 months and in 12 months.
- Facilities that score partially successful will undergo re-evaluation in 12 months.

The College will continue to process the reassessments of facilities that scored partially successful and not successful. The early data shows that there is an improvement in scores in subsequent re-evaluation which demonstrates the program is having a positive impact on record-keeping.

The College will continue to provide aggregate reports as an educational resource to support veterinarians in their record-keeping.